



ICD-10-CM Coding Training

Part 1

For Children's Developmental Services Agencies

Chapter 21 ~ Factors influencing health status and contact with health services (Z00-Z99)

Chapter 18 ~ Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)





Part 1

Training Objectives

- Develop a general understanding of the content of Chapters 21 and 18
- Understand any coding guidelines specific to Chapters 21 and 18 that are relevant for CDSA stakeholders
- Demonstrate how to accurately assign ICD-10-CM codes to diagnoses within Chapters 21 and 18

NOTE: In order to complete this training, access to ICD-10-CM code books, computer assisted coding software or downloads of the 2014 version of ICD-10-CM from the CDC is needed



Chapter 21

Factors influencing health status and contact with health services Instructional Notes

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as ‘diagnoses’ or ‘problems’
 - This can arise in two main ways:
 - When a person who may or may not be sick encounters health services for some specific purpose
 - Example: Encounter for screening for certain developmental disorders in childhood
 - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
 - Example: Presence of cerebrospinal fluid shunt



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- Z codes are for use in any healthcare setting
- Depending on circumstances of the encounter, Z codes may be used as either
 - a first-listed code; **or**
 - secondary code
- Certain Z codes may only be used as first-listed



Chapter 21

Factors influencing health status and contact with health services

Content

Chapter 21 contains the following block – 1st character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Contact/Exposure (Categories Z20 and Z77)**
 - Category Z20 indicates contact with, and suspected exposure to, communicable diseases
 - Do not show any sign or symptom of a disease
 - Suspected to have been exposed to a disease by close personal contact with an infected individual or are in an area where a disease is epidemic
 - **Z20.4 Contact with and (suspected) exposure to rubella**
 - Category Z77 indicates contact with and suspected exposures hazardous to health
 - **Z77.011 Contact with and (suspected) exposure to lead**
 - Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Inoculations and vaccinations (Code Z23)**

- **Z23** Encounter for immunization

Code first any routine childhood examination

- Indicates client is being seen to receive a prophylactic inoculation against a disease
 - Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given
 - Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit
 - **Z00.129** Encounter for routine child health examination without abnormal findings
 - Z23** Encounter for immunization



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Codes**

- Indicate a client is either
 - carrier of a disease (**Z21~Asymptomatic HIV infection status**)
 - has the sequelae or residual of a past disease or condition (**Z93.3~Colostomy status**)
- Include such things as the presence of prosthetic or mechanical devices resulting from past treatment (**Z97.0~Presence of artificial eye**)
- Are informative ~ the status may affect the course of treatment and its outcome (**Z94.1~Heart transplant status**)
- Should not be used with a diagnosis code from one of the body system chapters, if the diagnosis code includes the information provided by the status code (**Z94.1~Heart transplant status, should not be used with a code from subcategory T86.2, Complications of heart transplant**)
- Are distinct from history codes which indicate the client no longer has the condition (**Z86.11~Personal history of tuberculosis**)



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Status Z codes/categories are:**
 - Z14 Genetic carrier ~ indicates that a person carries a gene, associated with a particular disease, which may be passed to offspring who may develop that disease
 - The person does not have the disease and is not at risk of developing the disease
 - Z15 Genetic susceptibility to disease ~ indicates that a person has a gene that increases the risk of that person developing the disease
 - Codes from category Z15 should not be used as first-listed codes
 - If the client has the condition to which he/she is susceptible, and that condition is the reason for the encounter, the current condition should be first-listed
 - If the client is being seen for follow-up after completed treatment for this condition, and the condition no longer exists a follow-up code should be sequenced first, followed by the appropriate personal history and genetic susceptibility codes
 - If the purpose of the encounter is genetic counseling associated with procreative management, **Z31.5, Encounter for genetic counseling**, should be assigned as the first-listed code, followed by a code from category Z15. Additional codes should be assigned for any applicable family or personal history



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z16 Resistance to antimicrobial drugs ~ Code indicates that a client has a condition that is resistant to antimicrobial drug treatment
 - Sequence the infection code first
 - Z17 Estrogen receptor status
 - Z18 Retained foreign body fragments
 - Z21 Asymptomatic HIV infection status ~ Code indicates that a client has tested positive for HIV but has manifested no signs or symptoms of the disease
 - Z22 Carrier of infectious disease ~ Indicates that a person harbors the specific organisms of a disease without manifest symptoms and is capable of transmitting the infection
 - Z28 Immunization not carried out and underimmunization status
 - Z33.1 Pregnant state, incidental – secondary code used when the pregnancy is in no way the complicating reason for the visit



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z66 Do not resuscitate ~ Used when it is documented by the provider that a client is on “Do not resuscitate” (DNR) status
 - Z67 Blood type
 - Z68 Body mass index (BMI)
 - Z74.01 Bed confinement status
 - Z76.82 Awaiting organ transplant status
 - Z78 Other specified health status
 - Z78.1 Physical restraint status, may be used when it is documented by the provider that a client has been put in restraints during the current encounter
 - This code should not be reported when it is documented by the provider that a client is temporarily restrained during a procedure



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Status Z codes/categories are:**
 - Z79 Long-term (current) drug therapy ~ Indicates a client's continuous use of a prescribed drug (including such things as aspirin therapy) for the long-term treatment of a chronic condition (e.g., arthritis), for prophylactic use (such as for the prevention of deep vein thrombosis), or a disease requiring a lengthy course of treatment (such as cancer)
 - It is **not** for use for clients who have addictions to drugs
 - It is **not** for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence)
 - Assign the appropriate code for the drug dependence instead
 - Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis)



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z88 Allergy status to drugs, medicaments and biological substances
 - Z89 Acquired absence of limb
 - Z90 Acquired absence of organs, not elsewhere classified
 - Z91.0 Allergy status, other than to drugs and biological substances
 - Z93 Artificial opening status
 - Z94 Transplanted organ and tissue status
 - Z95 Presence of cardiac and vascular implants and grafts
 - Z96 Presence of other functional implants
 - Z97 Presence of other devices
 - Z98 Other post-procedural states
 - Z99 Dependence on enabling machines and devices, not elsewhere classified



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **History (of) – Personal and Family**
 - Personal history codes explain a client's past medical condition that no longer exists and is not receiving any treatment
 - Has the potential for recurrence, and therefore may require continued monitoring
 - Personal history codes may be used in conjunction with **follow-up codes**
 - Family history codes are for use when a client has a family member(s) who has had a particular disease that causes the client to be at higher risk of also contracting the disease
 - Family history codes may be used in conjunction with **screening codes** to explain the need for a test or procedure
 - History codes are acceptable on any medical record regardless of the reason for visit
 - A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **History (of) Z codes/categories are:**
 - Z80 Family history of primary malignant neoplasm
 - Z81 Family history of mental and behavioral disorders
 - Z82 Family history of certain disabilities and chronic diseases (leading to disablement)
 - Z83 Family history of other specific disorders
 - Z84 Family history of other conditions
 - Z85 Personal history of malignant neoplasm
 - Z86 Personal history of certain other diseases
 - Z87 Personal history of other diseases and conditions
 - Z91.4~ Personal history of psychological trauma, not elsewhere classified
 - Z91.5 Personal history of self-harm
 - Z91.8~ Other specified personal risk factors, NEC (Except Z91.83)
 - Z92 Personal history of medical treatment (Except Z92.0 and Z92.82)



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Screening**

- Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease
- Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
 - Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis
- Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
- Screening code is not necessary if the screening is inherent to a routine examination
- In addition to the Z code, a procedure code is required to confirm that the screening was performed

A stethoscope is placed over a medical chart with colorful tabs. The chart has tabs labeled with numbers 1 through 10 in various colors (red, yellow, green, blue, purple, orange, pink, light blue, light green, light yellow).

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Screen Z Codes/categories**
 - Z11 Encounter for screening for infectious and parasitic diseases
 - Z12 Encounter for screening for malignant neoplasms
 - Z13 Encounter for screening for other diseases and disorders
 - Except: Z13.9, Encounter for screening, unspecified
 - Z36 Encounter for antenatal screening for mother



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Observation**
 - **Two observation Z code categories:**
 - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
 - Z04 Encounter for examination and observation for other reasons
 - Except: Z04.9, Encounter for examination and observation for unspecified reason
 - Used in very limited circumstances
 - Person is observed for suspected condition that is ruled out
 - Administrative and legal observation status
 - Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present
 - In such cases, the diagnosis/symptom code is used



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Aftercare**

- Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the client requires continued care during the healing or recovery phase, or for the long-term consequences of the disease
- The aftercare Z code should not be used if treatment is directed at a current, acute disease
 - The diagnosis code is to be used in these cases
 - Exceptions to this rule are codes **Z51.0, Encounter for antineoplastic radiation therapy**, and codes from subcategory **Z51.1, Encounter for antineoplastic chemotherapy and immunotherapy**
 - These codes are to be first-listed, followed by the diagnosis code when a client's encounter is solely to receive radiation therapy, chemotherapy, or immunotherapy for the treatment of a neoplasm
 - If the reason for the encounter is more than one type of antineoplastic therapy, code Z51.0 and a code from subcategory Z51.1 may be assigned together, in which case one of these codes would be reported as a secondary diagnosis.



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Aftercare**

- The aftercare codes are generally first-listed to explain the specific reason for the encounter
 - An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for encounter and no diagnosis code is applicable
 - An example of this would be change or removal of nonsurgical wound dressing during an encounter for treatment of another condition
- Certain aftercare Z code categories need a secondary diagnosis code to describe the resolving condition or sequelae
 - For others, the condition is included in the code title
- Do not use aftercare Z codes for aftercare for injuries
 - Assign the acute injury code with the appropriate 7th character (for subsequent encounter)



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Aftercare**

- Status Z codes may be used with aftercare Z codes to indicate the nature of the aftercare
 - For example status codes in category Z79, Long-term (current) drug therapy, may be used with aftercare code Z75.81, Encounter for therapeutic drug level monitoring
 - A status code should not be used when the aftercare code indicates the type of status
 - Example: Z43.0, Encounter for attention to tracheostomy
 - Do not use Z93.0, Tracheostomy status



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Aftercare Z category/codes:**
 - Z42 Encounter for plastic and reconstructive surgery following medical procedure or healed injury
 - Z43 Encounter for attention to artificial openings
 - Z44 Encounter for fitting and adjustment of external prosthetic device
 - Z45 Encounter for adjustment and management of implanted device
 - Z46 Encounter for fitting and adjustment of other devices
 - Z47 Orthopedic aftercare
 - Z48 Encounter for other post-procedural aftercare
 - Z49 Encounter for care involving renal dialysis
 - Z51 Encounter for other aftercare



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Follow-up**
 - Codes used to explain continuing surveillance following completed treatment of a disease, condition, or injury
 - They imply that the condition has been fully treated and no longer exists
 - Not aftercare codes, or injury codes with a 7th character for subsequent encounter, that explain ongoing care of a healing condition or its sequelae
 - Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment
 - Follow-up code is sequenced first, followed by the history code
 - A follow-up code may be used to explain multiple visits
 - Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code

A stethoscope is placed over a medical chart with colorful tabs labeled with numbers and letters. The background is dark.

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Follow-up Z code categories:**
 - Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm
 - Z09 Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
 - Z39 Encounter for maternal postpartum care and examination





Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Counseling**
 - Client/family member receives assistance in aftermath of illness/injury, or support is required in coping with family/social problems
 - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
 - Z30.0- Encounter for general counseling and advice on contraception
 - Z31.5 Encounter for genetic counseling
 - Z31.6- Encounter for general counseling and advice on procreation
 - Z32.2 Encounter for childbirth instruction
 - Z32.3 Encounter for childcare instruction
 - Z69 Encounter for mental health services for victim and perpetrator of abuse
 - Z70 Counseling related to sexual attitude, behavior and orientation
 - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
 - Z76.81 Expectant mother prebirth pediatrician visit



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Z codes/categories for obstetrical and reproductive services:**
 - Z30 Encounter for contraceptive management
 - Z31 Encounter for procreative management
 - Z32.2 Encounter for childbirth instruction
 - Z32.3 Encounter for childcare instruction
 - Z33 Pregnant state
 - Z34 Encounter for supervision of normal pregnancy
 - Z36 Encounter for antenatal screening of mother
 - Z3A Weeks of gestation
 - Z37 Outcome of delivery
 - Z39 Encounter for maternal postpartum care and examination
 - Z76.81 Expectant mother pre-birth pediatrician visit



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Newborns and Infants**

- Specific guidelines will be covered in Chapter 16, Certain Conditions Originating in the Perinatal Period
- **Newborn Z codes/categories:**
 - Z76.1 Encounter for health supervision and care of foundling
 - Z00.1~ Encounter for routine child health examination
 - Z38 Liveborn infants according to place of birth and type of delivery



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Routine and administrative examinations**
 - Includes encounters for routine examinations and examinations for administrative purposes
 - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
 - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
 - Pre-existing and chronic conditions and history codes may be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition
 - Some codes for routine health examinations distinguish between “with” and “without” abnormal findings
 - Code assignment depends on the information that is known at the time the encounter is being coded
 - When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s)



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Routine and administrative examinations**
 - Pre-operative examination and pre-procedural laboratory examination
Z codes are for use only in those situations when a client is being cleared for a procedure or surgery and no treatment is given
- **Z codes/categories for routine and administrative examinations**
 - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
 - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
 - Z02 Encounter for administrative examination
 - Except: Z02.9, Encounter for administrative examinations, unspecified
 - Z32.0- Encounter for pregnancy test



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes**

- These codes capture a number of other health care encounters that do not fall into one of the other categories
 - May identify the reason for the encounter
 - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment

- **Miscellaneous Z codes/categories**

- Z28 Immunization not carried out
 - Except: Z28.3, Underimmunization status
- Z40 Encounter for prophylactic surgery
- Z41 Encounter for procedures for purposes other than remedying health state
 - Except: Z41.9, Encounter for procedure for purposes other than remedying health state, unspecified



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
 - Z53 Persons encountering health services for specific procedures and treatment, not carried out
 - Z55 Problems related to education and literacy
 - Z56 Problems related to employment and unemployment
 - Z57 Occupational exposure to risk factors
 - Z58 Problems related to physical environment
 - Z59 Problems related to housing and economic circumstances
 - Z60 Problems related to social environment
 - Z62 Problems related to upbringing
 - Z63 Other problems related to primary support group, including family circumstances
 - Z64 Problems related to certain psychosocial circumstances
 - Z65 Problems related to other psychosocial circumstances



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
 - Z72 Problems related to lifestyle
 - Z73 Problems related to life management difficulty
 - Z74 Problems related to care provider dependency
 - Except: Z74.01, Bed confinement status
 - Z75 Problems related to medical facilities and other health care
 - Z76.0 Encounter for issue of repeat prescription
 - Z76.3 Healthy person accompanying sick person
 - Z76.4 Other boarder to healthcare facility
 - Z76.5 Malingerer [conscious simulation]
 - Z91.1~ Patient's noncompliance with medical treatment and regimen
 - Z91.83 Wandering in diseases classified elsewhere
 - Z91.89 Other specified personal risk factors, not elsewhere classified



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis**
 - Except when there are multiple encounters on the same day and the medical records for the encounters are combined
 - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
 - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
 - Z02 Encounter for administrative examination
 - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
 - Z04 Encounter for examination and observation for other reasons
 - Z33.2 Encounter for elective termination of pregnancy
 - Z31.81 Encounter for male factor infertility in female patient
 - Z31.82 Encounter for Rh incompatibility status
 - Z31.83 Encounter for assisted reproductive fertility procedure cycle



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis (cont'd)**
 - Z31.84 Encounter for fertility preservation procedure
 - Z34 Encounter for supervision of normal pregnancy
 - Z39 Encounter for maternal postpartum care and examination
 - Z38 Liveborn infants according to place of birth and type of delivery
 - Z51.0 Encounter for antineoplastic radiation therapy
 - Z51.1~ Encounter for antineoplastic chemotherapy and immunotherapy
 - Z52 Donors of organs and tissues
 - Except: Z52.9, Donor of unspecified organ or tissue
 - Z76.1 Encounter for health supervision and care of foundling
 - Z76.2 Encounter for health supervision and care of other healthy infant and child
 - Z99.12 Encounter for respirator [ventilator] dependence during power failure



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Instructional Notes

- Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded
- **Code Range: R00-R94** The conditions and signs or symptoms included in this code range consist of:
 - cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
 - signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
 - provisional diagnosis in a patient who failed to return for further investigation or care
 - cases referred elsewhere for investigation or treatment before the diagnosis was made
 - cases in which a more precise diagnosis was not available for any other reason
 - certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

A background image featuring a stethoscope on the left and several colorful, numbered tabs (1-10) on the right, suggesting a medical or organizational context.

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified CMS Comments Related to Chapter 18 codes

- Specific diagnosis codes should be reported when they are supported by:
 - medical record documentation, and
 - clinical knowledge of the patient's health condition
- Codes for signs/symptoms have acceptable, even necessary, uses
 - There are instances when signs/symptom codes are the best choice for accurately reflecting a health care encounter
 - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
- Each health care encounter should be coded to the level of certainty known for that encounter



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Content

Chapter 18 contains the following block – 1st character is R

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	R50-R69	General symptoms and signs
R10-R19	Symptoms and signs involving the digestive system and abdomen	R70-R79	Abnormal findings on examination of blood, without diagnosis
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	R80-R82	Abnormal findings on examination of urine, without diagnosis
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39	Symptoms and signs involving the genitourinary system	R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behavior	R97	Abnormal tumor markers
R47-R49	Symptoms and signs involving speech and voice	R99	Ill-defined and unknown cause of mortality



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Coding Guidelines

- Use of symptom codes
 - Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider
- Use of a symptom code with a definitive diagnosis code
 - Codes for signs and symptoms may be reported in addition to a related definitive diagnosis
 - When the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes
 - The definitive diagnosis code should be sequenced before the symptom code
 - Signs or symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Coding Guidelines

- Combination codes that include symptoms
 - ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis
 - When using one of these combination codes, an additional code should not be assigned for the symptom

I70.222 Atherosclerosis of native arteries of extremities with rest pain, left leg

- Repeated falls
 - Code **R29.6, Repeated falls**, is for use for encounters when a patient has recently fallen and the reason for the fall is being investigated
 - Code **Z91.81, History of falling**, is for use when a patient has fallen in the past and is at risk for future falls
 - When appropriate, both codes R29.6 and Z91.81 may be assigned together



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Coding Guidelines

- Functional quadriplegia
 - Functional quadriplegia (code R53.2) is the lack of ability to use one's limbs or to ambulate due to extreme debility
 - It is not associated with a neurologic deficit or injury
 - Code R53.2 should not be used for cases of neurologic quadriplegia
 - R53.2 should only be assigned if functional quadriplegia is specifically documented in the medical record



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Coding Guidelines

- Coma scale
 - The coma scale codes (R40.2-) can be used in conjunction with:
 - traumatic brain injury codes
 - acute cerebrovascular disease, or
 - sequelae of cerebrovascular disease codes
 - The coma scale codes are primarily for use by trauma registries, but they may be used in any setting where this information is collected
 - Coma scale codes should be sequenced after the diagnosis code(s)
 - At a minimum, report the initial score documented on presentation during the initial encounter
 - If desired, a facility may choose to capture multiple coma scale scores
 - Assign code **R40.24, Glasgow coma scale, total score**, when only the total score is documented in the medical record and not the individual score(s)



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Coding Guidelines

- Systemic Inflammatory Response Syndrome (SIRS) due to Non-Infectious Process
 - SIRS can develop as a result of certain non-infectious disease processes, such as trauma, malignant neoplasm, or pancreatitis
 - When SIRS is documented with a noninfectious condition, and no subsequent infection is documented:
 - Code-first the underlying condition, such as an injury
 - Use an additional code for SIRS
 - **R65.10, Systemic inflammatory response syndrome (SIRS) of non-infectious origin without acute organ dysfunction, or**
 - **R65.11, Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunction**
 - » If an associated acute organ dysfunction is documented, the appropriate code(s) for the specific type of organ dysfunction(s) should be assigned in addition to code R65.11
 - » If acute organ dysfunction is documented, but it cannot be determined if the acute organ dysfunction is associated with SIRS or due to another condition (e.g., directly due to the trauma), the provider should be queried



Part 1

True/False Quiz

1. Z codes are procedure codes
2. A status code is distinct from a history code
3. History codes are acceptable on any medical record regardless of the reason for visit
4. The 1st time you see a child with spina bifida, you will code the encounter as a Screening
5. The Alphabetical Index should be consulted to determine which symptoms and signs are to be allocated in Chapter 18 and which to other chapters
6. Codes for signs and symptoms are not reported in addition to a related definitive diagnosis
7. ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis



Part 1

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	18 month old boy referred to CDSA by his family with concerns about overall development. Reportedly not showing interest in toys typical for his age. He is eating well, but is a messy eater with a tendency to play in his food. He uses a few words for items he likes- “ball” and “juice”. He was described as clumsy and “heavy handed” as he likes to hit toys and objects. The family’s primary concern is with his overall development. A developmental screening was performed and some milestone delays are noted. Further evaluation is needed.	
2	32 month old boy referred to CDSA by DSS. Primary concern is behavior. According to mother, child is very disorganized and shows limited attention to adults and verbal instructions. He is very active during meal times and will not sit at table to eat. He is reported to frequently become aggressive when interacting with peers.	
3	30 month old girl is being seen by physical therapist for complications of stroke. Therapist is working on ambulation with assistive technology.	
4	4 month old girl with Trisomy 21 with large ventricular septal defect, poor weight gain and exhibiting signs of mild congestive heart failure. Home visit done to assess developmental status and impact of medical conditions on development. Child has demonstrated increased respiratory rate, increased fatigue with feedings, and poor weight gain. Child also has noted hypotonia. Gross motor milestones are delayed.	



Questions

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Submit Questions to:
Sarah.Brooks@dhhs.nc.gov

